3. Sodium PAS 834 mg+INH 25 mg- a bottle of 100 tablets

4. Thiacitazone 150 mg.+ INH 300 mg- a pack of 10 tablets.

5. Streptomycin sulphate 1 gm+ Sodlumethanesulfonate of INH 300 mg per each vial-each vial.

(d) and (e) All combinations of anti-tubercular drugs other than Refampicin and INH are being reviewed by a Sub-committee of experts from the angle of rationality and whether such combinations merit continued marketing. The review/ examination, however, is not complete and the recommendations of the sub-committee will be examined by the Government for taking a final decision in the matter.

Recommendation of th© tetracycline and Hydrocortisone for eye treatment

160. SHRI M. KADHARSHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that eye drops and eye ointments based on Oxytetracycline Chlortetracycline, Demethy-Chlorotetracycline, Genta mycin, Framycetin Betamethasone and Dexamthasone are being used for Trachoma Control Programme and contro of blindness;

(b) whether the Ministry had re-comme tided only Hydrocortisone and Tetracycline for the said programmes;

(c) what are the criteria/basis on which Tetracycline and Hydrocor tisone were identified for inclusion under category I under these pro grammes and other drugs referred to in part (a) above were excluded;

(d) what is the therapeutic indication of eye ointment and eye drops based on each drug and in what manner one differs from the other; and

(e) what are the indications for which central drug authorities have allowed marketing of eye drops and ointments based on each drug?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) The drugs Oxyte-tracycline, chlorotetracycline, Deme-thyl-Chlorotetracycline, Gentamycin, Framycetin Betamcthason and Dexamethasone can be used for Trachoma Control Programme and Control of Blindness.

(b) Yes, Sir.

(c) Since the rationale for using antibiotics is to control infection of the eyes and Steriods for control of inflammation and since there is not much difference in the spectrum of action amongst the broad spectrum antibiotics and there is hardly am differeence in mechanism of actior between the two Steriods, namelj Betamethasone and Dexamethasone it was decided to recommend on< antibiotic namely tetracycline am one steriod namely Hydrocortisom under Category-I to meet one of th overall objective of -the New Dra Policy, viz. to reduce the span *c* price control on drugs.

(d) and (e) The therapeuticind cation for the antibiotics named in question is to control infection eyes, and for the Steriods drug ointments is to control inflammatc for which indications, these do have been approved by the Cent Drug Control Authority.

Monitoring' and control on the n leading advertisement on the drug

161. SHRI RAJNI RANJAN SAF Will the Minister of HEALTH *A* FAMILY WELFARE be pleased state:

(a) whether there is any Gover mental machinery *to* monitor control misleading advertisement; drugs;

Ob) whether Government propose to direct drug companies to give complete details of a drug when advertised in scientific journals, as is done in developed countries;

(c) whether OPPI, a signatory' to IDMA code on drugs, has adopted the above practice; and

(d) if so, what are the reasons for which multinational drug companies are violating the code of ethics on drug advertisements?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) and (b) The advertisements of 'drugs and 'magic remedies' are controlled under the provisions of Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules thereunder. The advertisements of drugs are scrutinised under the provisions of these Rules by the persons authorised by the State Governments to do so.

In addition to the above, no drugs can be advertised to claim to prevent or cure any disease listed in Schedule J to the Drugs and Cosmetics Rules.

Package inserts/claims for "New Drugs" are approved by the Drugs Controller (India) at the time of approval of 'New Drug'. No other person is authorised to make any change in the text approved by the Drugs Controller (India) .

(c) and (d) Government has no information about any "IDMA code on drugs"-.

Non-recommending the certain drugs used for T.B. for price control

162. SHRI CHANDRIKA PRASAD TRIPATHI; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that control of Tuberculosis in one of the terns of National Health Programme;

(b) whether it is a fact that the Ministry of Health and Family Welfare recommended certain drugs required for treatment of Tuberculosis . for price control under category I to Department of Chemicals;

(c) whether it is also a fact that Minister of Health and Family Welfare did not recommend Ethionamide, Kenamycin, Cycloserin, Prothiona-mide, Morphazinamide for price control under TB Programme;

(d) if so, what are the reasons therefor when these drugs are used for Tuberculosis; and

(e) what action has been taken against those responsible for negli gence and by when the supplementary recommendation would be sent for inclusion?

THE MINISTTR OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) to (c) Yes Sir.

(d) and (e) The criteria for recommending drugs for inclusion under category I was either the drug is freely distributed or commonly used.

Antibiotics used for blindness and STD

163. SHRI CHANDRIKA PRASAD TRIPATHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Anti-biotics are used for control of blindness and STD;

(b) if so, names of antibiotics allowed for use for the control of these two diseases along with the strength and form under which permitted by Drugs Control Administration;

(c) what are the names of principal antibiotics used for the control of each disease;

(d) what are the specific details of each disease under which each anti-biotics is used;

(e) names of other drugs permitted for use for these diseases.